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TO RUEHC/SECSTATE WASHDC PRIORITY 3666  
INFO RUEHZL/EUROPEAN POLITICAL COLLECTIVE PRIORITY  
RUEHZM/GULF COOPERATION COUNCIL COLLECTIVE PRIORITY  
RUEHZG/NATO EU COLLECTIVE PRIORITY  
RUEHAM/AMEMBASSY AMMAN PRIORITY 2040  
RUEHTH/AMEMBASSY ATHENS PRIORITY 0001  
RUEHGB/AMEMBASSY BAGHDAD PRIORITY 1474  
RUEHBUL/AMEMBASSY KABUL PRIORITY 0406  
RUEHLO/AMEMBASSY LONDON PRIORITY 1505  
RUEHML/AMEMBASSY MANILA PRIORITY 0609  
RUEHFR/AMEMBASSY PARIS PRIORITY 1174  
RUEHRO/AMEMBASSY ROME PRIORITY 0406  
RUEHUL/AMEMBASSY SEOUL PRIORITY 0249  
RUEHKO/AMEMBASSY TOKYO PRIORITY 0406  
RUEKJCS/SECDEF WASHINGTON DC PRIORITY  
RUEHNO/USMISSION USNATO PRIORITY 0112  
RUEHRC/DEPT OF AGRICULTURE WASHDC PRIORITY  
RUEAUSA/DEPT OF HHS WASHDC PRIORITY

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SENSITIVE  
SIPDIS

STATE FOR NEA/ARP, PM/ISO, IO, OES/IHB, AIAG  
STATE PASS TO AID  
DEFENSE FOR OSD, OASD  
DEFENSE PASS TO CENTCOM  
HHS FOR OGHA  
HHS PASS TO CDC  
USDA PASS TO APHIS  
ATHENS FOR POL-MIL  
AMMAN FOR POL-MIL, ESTH  
BAGHDAD FOR POL-MIL  
BERLIN FOR POL-MIL  
KABUL FOR POL-MIL  
LONDON FOR POL-MIL  
MANILA FOR POL-MIL  
ROME FOR POL-MIL  
SEOUL FOR POL-MIL  
USNATO FOR POL

E.O. 12958: N/A

TAGS: [KFLU](#) [MOPS](#) [MARR](#) [PREL](#) [AMED](#) [KU](#)

SUBJECT: U.S. MILITARY O/CONUS AND PUBLIC HEALTH REPORTING  
REQUIREMENTS

REF: A. KUWAIT 633

[1](#)B. 07-08-09 EMAIL EXCHANGE BETWEEN D.W. CHEN OF  
DOD/OASD/HA AND J.A. FERNANDEZ OF  
HHS/ASPR/OMSPH

[1](#)1. (SBU) Embassy understands that discussions are ongoing among DOD, HHS and DOS regarding primary responsibility for reporting PHEIC (public health emergencies of international concern, e.g., H1N1 influenza outbreaks) among U.S. military personnel serving outside CONUS. Embassy Kuwait -- where the GOK hosts multiple U.S. bases and permits the unfettered transit of tens of thousands of U.S. troops each month -- believes any such discussion should take into consideration the unintended consequences of assigning host governments primary responsibility for such reporting, particularly when dealing with public health issues freighted with controversial cultural associations, such as H1N1 influenza aka "swine flu." In the case of Kuwait, these sensitivities were such that the directive not to acknowledge additional cases publicly came from senior GOK leadership, particularly as all cases at that point were U.S. military.

[1](#)2. (SBU) In Kuwait and other countries, the great majority of

U.S. troops arrive on U.S. military charter flights at U.S. military-run air bases; they are transported by U.S. military charter buses to other U.S. bases; they are strictly confined to U.S. bases; and they depart on U.S. military charter flights from U.S. military-run air bases. Host government -- not to mention local population -- has no contact with such troops.

13. (SBU) Requiring host governments to report high profile PHEICs, such as cases of H1N1 influenza, almost certainly invites local Ministries of Health to play a role in screening, monitoring, sequestering and treating suspected and confirmed cases of various influenza strains and other such illnesses affecting U.S. military personnel. If host governments are expected to assume political liability for these cases, then surely they will assert their sovereign right to intervene and monitor. In Kuwait, host government intervention of this nature could have serious consequences, including: introducing armed U.S. personnel into local medical facilities; putting ill U.S. troops in contact with host nation citizens; overwhelming host government healthcare capabilities; disrupting troop flows throughout the CENTCOM AOR; and stymieing combat operations. Indeed, host governments may even consider stopping the flow of troops altogether, an extreme action that the GOK tentatively considered in May (ref A). Instead, we were able to negotiate a "cut out" arrangement that permitted U.S. military authorities to take primary responsibility for screening -- and, where appropriate, quarantining -- thousands of troops, following consultations with the host government and their inspection of base medical facilities.

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14. (SBU) As such, Embassy believes that it may be to our advantage -- given the apparent latitude in WHO guidelines -- to leave reporting of PHEICs among U.S. military personnel (operating under SOFAs such as those used in most CENTCOM AOR countries) to the USG, insofar as requiring host governments to report could result in interference or restrictions on U.S. forces' ability to discharge activities relating to OIF and OEF.

15. (SBU) While the GOK is presently satisfied with USG measures to contain the spread of H1N1 influenza among U.S. military personnel, things may change in the event of the virus mutating into a more lethal strain. Requiring the GOK to assume responsibility and political liability for reporting H1N1 cases to the WHO would increase the likelihood of the GOK becoming directly involved in isolating and treating affected U.S. troops, if not electing to restrict troop movements altogether.

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JONES